



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No. _____
Court Address

IN THE MATTER OF: _____ VS. _____
Petitioner/Plaintiff Respondent/Defendant

REQUEST FOR WAIVER OF PREPAID COSTS (Md. Rule 1-325)

I, _____, wish to file a complaint, petition, or other documents
Name of Party
which I have completed and attached. I am unable to prepay the prepaid costs in this matter because of poverty.

Affidavit of Income

I respectfully submit that:

1. There are _____ family members living in my household, including myself. (Do not include
Number
renters or temporary guests).
2. The total gross household income (before taxes) is \$_____ (total income earned
by all persons in the household) per ☐ WEEK / ☐ MONTH / ☐ YEAR.
3. The gross household income (before taxes) is from the following sources (list amounts before taxes)
per ☐ WEEK / ☐ MONTH / ☐ YEAR:

- ☐ Wages..... \$ _____
- ☐ Commissions/Bonuses..... \$ _____
- ☐ Social Security/SSI..... \$ _____
- ☐ Retirement Income..... \$ _____
- ☐ Unemployment Insurance..... \$ _____
- ☐ Temporary Cash Assistance..... \$ _____
- ☐ Alimony/Spousal Support..... \$ _____
- ☐ Rent received from tenants..... \$ _____
- ☐ Any Other Income (Do not include food stamps/SNAP)..... \$ _____

4. I own the following property. (Do not list your home, one vehicle, and/or personal items in your home):

- ☐ NONE
- ☐ Real estate other than principal home..... Value: \$ _____
- ☐ Other vehicles including boats..... Value: \$ _____
- ☐ Bank Accounts..... Balance: \$ _____
- ☐ Stocks or other securities..... Value: \$ _____
- ☐ Other property (describe):..... Value: \$ _____

5. I owe the following debts:

☐ NONE

☐ Credit Card: _____ Amount Owed: \$ _____ Monthly Payment: \$ _____

☐ Car Loan: _____ Amount Owed: \$ _____ Monthly Payment: \$ _____

☐ Other Debt: _____ Amount Owed: \$ _____ Monthly Payment: \$ _____

6. Other information to demonstrate my inability to prepay the required costs:

For these reasons, I request a waiver of the prepaid costs.

I understand that I may have to pay these costs at the end of the case, unless the Court grants a final waiver of open costs, and that if I want a final waiver of open costs I must request the waiver at the conclusion of the action in accordance with Maryland Rule 1-325(f)(2)(A).

I affirm under the penalties of perjury that what I have said above is true to the best of my knowledge, information, and belief.

Party Signature

Telephone / Fax

Party Name

E-mail

Address

Date

City, State, Zip

Attorney Certification (To be completed by your lawyer, if you are represented).

I, _____, certify that to the best of my knowledge, information, and
Name of Attorney
belief, there is a good ground for this claim, application, or request for process, and it is not interposed for any improper purpose or delay.

On behalf of: _____
Name of Party

Attorney Signature

Telephone / Fax

Attorney Name

E-mail

Address

Date

City, State, Zip



CIRCUIT COURT



DISTRICT COURT OF MARYLAND FOR

City/County

Located at

Court Address

Case No.

ORDER REGARDING REQUEST FOR WAIVER OF PREPAID COSTS

UPON CONSIDERATION of the Request for Waiver of Prepaid Costs submitted by

_____, and any further documentation as required or authorized by Rule 1-325
Name of Party
or other applicable law,

THE COURT HEREBY FINDS THAT:

The party named above:

- ☐ Meets the financial eligibility guidelines of the Maryland Legal Services Corporation.
- ☐ Does NOT meet the financial eligibility guidelines.

The party named above:

- ☐ Is unable by reason of poverty to pay the prepaid costs.
- ☐ Is NOT unable by reason of poverty to pay the prepaid costs.

The claim, appeal, application or request for process

- ☐ does not appear, on its face, to be frivolous.
- ☐ DOES appear, on its face, to be frivolous.
- ☐ Other findings: _____

THE COURT HEREBY ORDERS that the waiver is:

- ☐ GRANTED
- ☐ DENIED

Date

Judge's Signature

ID Number